2005 LIMITED LIABILITY COMPANY REINSTATEMENT

PAUL DOBROWSKI, MANAGER

OS DEC 15 AM 9: 17 **DOCUMENT # L02000007793** PALM BEACH INTERNATIONAL POLO CLUB, L.L.C. Principal Place of Business Mailing Address 2550 NORTH LOOP WEST C/O WADE R. BYRD, P.A. 350 ROYAL PALM WAY, SUITE 409 SUITE 750 HOUSTON, TX 77092 PALM BEACH, FL 33480 3. Mailing Address
109 NORTH POST OAK LANE 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 11152005 REIN-LLC CR2E101 (6/04) SUITE 425 City & State Applied For City & State
HOUSTON, TEXAS 4. EEI Number 02-0703944 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 77024 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYRD, WADE R ESQ 350 ROYAL PALM WAY, SUITE 409 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH, FL 33480 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age te il applicable (NOTE: Registered Agent signature required when reinstating DATE In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to FILE NOW!!! FEE IS \$50.00 liability company did not receive the prior notice. Florida Department of State After January 1, 2006, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TIFLE ☐ Delete TITLE ☐ Change ☐ Addition MAME IPC HOLDINGS, LLC NAME 70006220357 12/15/05--01049--013 ** 350 ROYAL PALM WAY, SUITE 409 STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIE PALM BEACH, FL 33480 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition ☐ Defete DILE ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IPC HOLDINGS, LLC, a Florida limited liability company 150001 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #